

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JOHN JAMES FOR SENATE, INC.

A. Full Name (Last, First, Middle Initial)
MONROE, CHARLES, F, MR,
Mailing Address 17160 FAWN RIVER RD

City WHITE PIGEON	State MI	Zip Code 49099
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FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

405.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2020

Transaction ID : SA11AI.670221

Amount of Each Receipt this Period

100.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
MONROE, CHARLES, F, MR,
Mailing Address 17160 FAWN RIVER RD

City WHITE PIGEON	State MI	Zip Code 49099
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FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

505.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2020

Transaction ID : SA11AI.679824

Amount of Each Receipt this Period

100.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
MONROE, LOREN, , ,
Mailing Address 1513 HIGHWOOD DR

City MCLEAN	State VA	Zip Code 22101
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FEC ID number of contributing
federal political committee.

C

Name of Employer
BGR GROUPOccupation
PRINCIPAL

Receipt For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2020

Transaction ID : SA11AI.640987

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

700.00

TOTAL This Period (last page this line number only)..... ▶